



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

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DIRECTOR

BILLING AGENT ID REQUEST FORM

Michigan Medicaid welcomes all new billing agents to submit claims electronically for Medicaid providers. To become a Billing Agent, you must submit claims **directly** to Michigan Medicaid and not to another billing agent or clearinghouse.

In order to receive a Billing Agent ID, you will need to fill out the questions on this request form and fax it to Michigan Medicaid at (517) 335-5570. It may take 5-10 business days before your request is granted. If your request is granted, you will then receive a confirmation back at the fax number given in number 14 below. The fax back will include instructions and your Billing Agent ID and password.

If you have any questions or it has been 10 business days and you haven't received a fax back response, please email AutomatedBilling@michigan.gov.

1. Have you completed all Internal Testing and are you able to correctly submit 837 v 4010A1 claims?	
2. Will you be submitting claims directly to Michigan Medicaid?	
3. Have you viewed the Electronic Submissions Manual, Companion Documents and Implementation Guides?	
4. Would you be willing to accept new providers to use your billing agent ID to submit their claims electronically?	
5. Do you want to receive the Medicaid Proprietary Remittance Advice (1232) until the 835 is effective?	
6. What version of HIPAA compliant claims will you be submitting?	
7. What Medicaid provider types will be submitted with your Billing Agent ID?	
8. Why would you like to receive a Michigan Medicaid Billing Agent ID?	
9. Billing Agent Name:	
10. Billing Agent Address:	
11. Billing Agent Telephone Number:	
12. First Contact Person and Email:	
13. Second Contact Person and Email:	
14. Fax Number (Confirmation will be sent to this number)	